

PATENT

Attorney's Docket No:

Applicant or Patentee:

Serial or Patent No:

Filed or Issued:

For:

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(b)) -- INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 C.F.R. 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled:

PREPARATION FOR TREATMENT OF ERECTILE DYSFUNCTION

described in

- ☒ The specification filed herewith.
- ☐ Application Serial No. _____, filed _____
- ☐ Patent No. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ No such person, concern, or organization
- ☒ Persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention availing to their status as small entities. (37 CFR 1.27).

FULL NAME: FUTURA MEDICAL LIMITED

ADDRESS: Antrobus House, 18 College Street, Petersfield, Hampshire GU13 4AD, UK

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

005760-9070960

FULL NAME: _____
ADDRESS: _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME: _____
ADDRESS: _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Signature of Inventor

Date:

25 July 2000

Signature of Inventor

Date:

Signature of Inventor

Date:

005160-9070960

207103190
0005 JUL 78 01 110912828

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Filed: Concurrently Herewith

For:

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.2 (d) AND 1.27 (c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am:

- () the owner of the small business concern identified below;
(X) an official of the small business concern empowered to act on behalf of the concern identified below.

NAME OF CONCERN: FUTURA MEDICAL LIMITED

ADDRESS OF CONCERN: Antrobus House, 18 College Street, Petersfield,
Hampshire GU13 4AD - UK

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above, with regard to the invention entitled " * " by inventor(s) KEMP, C. A. described in

*PREPARATION FOR TREATMENT OF ERECTILE DYSFUNCTION

- (X) the specification filed herewith
() Application No. _____ filed _____
() patent No. _____ issued _____

The rights held by the above identified small business concern are exclusive.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: KEMP, Colin, Anthony

TITLE OF PERSON OTHER THAN OWNER: Managing Director

ADDRESS OF PERSON SIGNING: 18A Beechworth Road, Havant, Hampshire PO9 1AX, UK

DATE: 26.7.2000 SIGNATURE: 